

Address*

by

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When Dr. Jack Ewalt, director of the Joint Commission on Mental Illness and Health, presented the Commission's findings to the press in March, he said: "The mentally ill are not as yet a part of the New Frontier."

I understand this remark elicited wry chuckles from the reporters present. Think of the incongruity: the alert young New Frontiersman and the hapless inmate who cannot make it in society.

This morning I would like to take Dr. Ewalt up on his remark. I would like to say that the New Frontier is very much concerned with the mentally ill, as with other Americans, sick and well.

The New Frontier--said President Kennedy in Los Angeles--is not a set of promises but a set of challenges.

Before you distinguished experts in the field and other leaders, I accept the challenge of mental illness in this Nation. And I say to you that the administration does not plan to sit and wring its hands over this problem. The administration is ready to accept responsibility in this field as in all others--to consider it positively and act constructively.

For we know that when this Nation--settled by stouthearted pioneers, built on the hopes of a free strong people--when this Nation wills, it can.

We admit that the problem of mental illness in the United States is staggering. Adjectives do not do it justice. It is great, it is extensive, it is appalling. Worse still, it is static. Despite numerous attacks

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and sporadic shocking exposures, despite the dedicated work of many, many people, in both public and private life, the care of the mentally ill has lagged behind the care of any other of our sick.

Some three-quarters of a million patients fill our mental hospitals, occupying more than half our hospital beds. A quarter of a million more men, women, and children are admitted every year. All told, mental illness costs this country more than \$1.7 billion every year. It cost over \$850 million in 1959 to run the Nation's mental hospitals, and even this was not enough to do a proper job.

The cost in dollars only introduces the story. In terms of loss of precious human talent, in terms of family misery, in terms of infinite personal tragedy, the cost cannot be measured.

The facts are in. The Joint Commission on Mental Illness and Health, which was authorized by the Congress, took more than 5 years, spent some \$1.5 million, to gather them for us. I commend the Commission's 10 monographs and its final report, "Action for Mental Health," to you, to the Governors of our States, to members of the Congress and State legislatures, and to citizens across the land. I urge you and your colleagues to read and consider them carefully.

These findings startle even persons knowledgeable in the field of mental illness. They show that 80 percent of our 277 State mental hospitals still provide only custodial care for patients; only 20 percent have participated in modern advances designed to make them truly therapeutic. They define the "unfinished business of mental health" in this way: more than half of the patients in most State hospitals receive no active treatment of any kind designed to improve their mental condition. This is so despite the fact that the outlook for the schizophrenic patient,

the main tenant of our mental hospitals, can be good under the best treatment conditions.

These findings show that many of the patients in State hospitals do not need to be there at all.

Now, what to do? Can we take the Joint Commission's bold, carefully documented report and subject it to the process of public discussion and debate? Can we then take intelligent, constructive action?

I think we can.

Mental illness traditionally has been the burden of the States. And, traditionally, there have been great differences in the manner in which the States met their responsibilities to the mentally ill--differences in providing facilities, differences in the level of care given patients, and differences in making care available.

Some States have done well. But some States, unfortunately, lag far behind.

Today, mental illness, like heart disease or cancer, is a problem that concerns us all. We must move as a whole people--through our democratically elected Federal, as well as State Governments, "to promote the general welfare" of each citizen.

And we must remember that our public officials, coming from diverse backgrounds and bearing a wide assortment of responsibilities, will need to be informed and alerted to the active participation of concerned citizens. This very institution--now over one hundred years old--resulted from the efforts of one of the most persistent lobbyists the country has ever known. To this day, in a corner of Dr. Overholser's study there stands the small mahogany schoolhouse desk on which Dorothea Lynde Dix drafted an Act of Congress to found an institution whose "objects shall be the most humane care and enlightened curative treatment of the Insane."

We do not need to start afresh as a Federal Government. The National Institute of Mental Health, in the years from 1950 to 1961, spent a total of \$379 million on the pursuit of new knowledge and the training of much needed personnel.

The Federal Government has also aided in the construction of mental hospitals. Since the start of this program, 131 mental hospitals have been finished or are under construction--at a total cost to the Government of nearly \$50 million. Saint Elizabeths Hospital and the Veterans Administration--always eager to seek new knowledge and try new ways--have pioneered in mental hospital care.

No, we do not need to start afresh. But we do need a fresh approach.

I like the approach the Joint Commission offers to us. Courageous and imaginative, it is yet practical and humane. It suggests a hard, creative scrutiny of our present mental hospital system.

It suggests that this hospital system eventually be replaced by a constellation of psychiatric resources in the heart of the community.

It suggests the gradual conversion of State hospitals of more than 1,000 beds into excellent professional treatment centers for all chronic diseases (including psychiatric disorders) and their replacement by community clinics, general hospital psychiatric units, special intensive treatment centers, and such after-care and rehabilitation services as day hospitals, night hospitals, or foster family care.

It suggests the redefining of what treatment is and who may do it--the adoption of a broad liberal philosophy of treatment which would enable many professional and nonprofessional workers without medical training to share the workload.

It suggests the recruitment of sorely needed qualified people into mental health fields.

It suggests an increase in our basic research and more varied and long-term research to predict and prevent various forms of mental illness.

All parts of this projected program are important. At this moment, I submit, we must move in three directions. We must increase our research efforts. We must find and train people to put such knowledge as we have to work. And, we must, with all possible speed, reduce our reliance on the big public mental hospital in favor of community treatment services.

Let us, in and out of Government, reevaluate our thinking about mental illness and how we have dealt with it. Let us ask ourselves--are even the modest advances we have made in recent years on the right track? Or do we need an entirely new point of departure? Are we exploring every possibility and innovation--psychological, social, and biological? Are we properly evaluating each scientific research program? Are we using our hospitals--the places where the patients are--as the logical place for constructive research? Are we as individuals ready to accept and act on the findings provided for us?

This administration has proposed a program of Federal grants to aid in the construction of new medical schools and grants to expand the schools we now have. It has also, along with a general scholarship program--proposed a specific program of scholarships for talented youngsters who cannot afford the cost of a medical education.

Can we do more to attract young people into this field? Can we find new ways of reaching them; new methods of training them? Can we get further help from the nurses, the social workers, the chaplains, the volunteers who already are working with the mentally ill?

Are we leaving any stone unturned in our efforts to find a cause or causes, a cure or cures? In our efforts to apply what we do now? In our efforts to better the structure of our mental hospital system?

A rightful answer to these questions, you will rightly say, costs money.

But we need something more than money. What we need is a commitment to do a job--by all imaginative and constructive means.

It seems to me that we are asking the citizen, not only to loosen his purse strings for some poor fellow out there in the hospital but to accept the notion that the mentally ill can come back--with his help.

It is not true, says the Joint Commission, that people with mental illnesses are exactly the same as the ordinary sick. In certain ways they are different. Only if we recognize this fact--in the towns and cities of this land--will they resume their rightful place in society.

Whatever program we arrive at--whether it's more open hospitals, more psychiatric units in general hospitals, more community centers or some combination of the lot--whatever we do, we must convince the average citizen of what the professional knows--that a vast number of patients could, if given a chance, perform social tasks in the community and thus get better if not always completely well.

We must move forward in research, treatment, training, and the prevention of a greater incidence of mental disorder. And we must also work to remove the great stumbling block which is the public attitude toward mental illness.

I am glad of the opportunity to say these things during Mental Health Week at Saint Elizabeths Hospital. The history of Saint Elizabeths is a proud one, and I am proud that it is one of the operating agencies of the Department of Health, Education, and Welfare. It is my earnest hope that in the months and

years ahead, Saint Elizabeths will continue to serve as a pace-setter for the mental institutions of this Nation. It is my hope that here we try new ideas, search for new methods, experiment in a scientific fashion in the spirit of the Joint Commission's new approach.

It is my hope that Saint Elizabeths--pioneer of a hundred years standing--which already has a research program in conjunction with the National Institute of Mental Health--which already is developing an extensive training and education program--that Saint Elizabeths will lead the way in a great national endeavor. It is my hope that Saint Elizabeths will become the model institution for the United States and possibly the world in the care and treatment of mental illness.

For if we are to meet the high national goals to which we are now committed, we must have citizens with healthy minds as well as healthy bodies.

As the gifted writer, Paul Horgan, has said: "In the last analysis, the realm of the mind and spirit is the dwelling place of man's enduring power."

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